

REMARKS/ARGUMENTS

The Office Action of September 29, 2008 and the comments therein were carefully considered. Claims 1-9, 11-19, and 21-22 remain pending in the instant application. Claims 1 and 11 have been amended.

Claim Amendments

In order to expedite allowance, claims 1 and 11 have been amended to more clearly state what is claimed. Claims 1 and 11 have been amended to recite, in various forms, that the dialect bi-translator is capable of translating common medical terms used and input by the individual user into equivalent standard medical terms used by support operations and conversely, translating the standard medical terms used by support operations back into an individual's common dialect medical terms used and input by the individual user and displaying the translated terms to the user. Further, claims 1 and 11 have been amended to recite in various forms that the general guidance can be overridden and replaced with an individual patient guideline based on the individual patient's data and medical record. No new matter has been added.

Claim Rejections -35 USC § 112

Claims 1-9 and 21 stand rejected under 35 USC § 112, second paragraph as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

Particularly, the Office Action states “[c]laim 1 recites the limitation “the direct translator.” There is insufficient antecedent basis for this limitation in the claim.” Applicant respectfully submits that the limitation “the direct translator” that the Office Action refers to is nowhere to be found in the amended claim 1 and therefore Applicant respectfully requests the Examiner to withdraw this rejection.

Claim Rejections – 35 USC § 103

Claims 1-9, 11-19, and 21-22 stand rejected under 35 USC § 103(a) as being unpatentable over Joao (US 6,283,761) in view of Campbell et al. (US 6,047,259) and further in view of Ryan (US 5,809,476). Of the rejected claims, currently amended claims 1 and 11 are independent claims.

Joao relates to providing healthcare information by processing symptom and condition information for a patient in conjunction with standard or average healthcare information, healthcare theories, healthcare principles, and/or healthcare research to generate a diagnostic report including a list of standard diagnoses corresponding to average condition and symptom information. Abstract.

As stated by the Examiner, Joao does not teach a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user.

Further, the Examiner admits that Joao fails to teach a bi-directional dialect translator for translating between an individual user's common dialect medical terms entered by an individual user and corresponding equivalent but different standard medical terms employed in the support operations and conversely bi-directionally translating the standard medical terms employed by the support operations back into the common dialect medical terms used and originally entered by the individual user.

Additionally, as echoed by the Examiner, Joao does not teach a medical support process including at least one process phase which includes one or more process operations. Joao does not teach that each of the process operations of a process phase includes at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user. Joao does not teach that each of the process operations of a process phase include at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations. As pointed out by the Examiner, Joao also does not teach that the support processes execute an interactive dialogue between the medical support process and the user to provide guidance to the user in performing the medical support process according to the guidelines and dependent upon the user inputs and the medical record. Joao also does not fairly suggest any of the above limitations in its disclosure.

However, the Office Action alleges that although Joao does not disclose, Campbell does disclose wherein the guidance provided to the user is capable of being overridden by the user and wherein the guidelines are dynamically updated based on user input. The Office Action cites to col. 17, Ins. 8-22 and col. 18, Ins. 7-10 for support. col. 17, Ins. 8-22 of Campbell disclose:

The doctor can select a diagnosis by clicking on an item in the rule out list. When the doctor does so, the client sends a message to the server indicating the selected diagnosis. **The server removes the diagnosis from the rule out list, adds it to the tentative diagnosis,** and determines which abnormal observations are linked to the diagnosis. It then marks the abnormal observations that are linked to the selected diagnosis with a "D." The server sends the results of these operations back to the client to update the display dynamically. In the display, the selected diagnosis

moves to the tentative diagnosis box, the abnormal observations linked to the selected diagnosis are marked with a "D" and the unresolved symptoms count is updated to a number reflecting the number of abnormal observations that are undiagnosed and not marked as removed.

Campbell, col. 17, lns. 8-22 (emphasis added).

col. 18, lns. 7-10 of Campbell recites;

[t]he additional therapy button **1012** and continue button **1014** link to other screens. This enables the doctor to go to another screen to modify the therapy protocol.

Campbell, col. 18, lns. 7-10

In the first cited section, Campbell discloses that the doctor clicks on a diagnosis from a rule out list and by the doctor clicking on a listed diagnosis in the rule out list, this changes the clicked-on diagnosis from the rule-out list to a tentative diagnosis list. The rule out list is generated from a table that keeps a list of all ailments. Therefore, contrary to the Office Action's conclusionary assertion, the cited passage does not teach, suggest and otherwise discloses the claimed feature in currently amended claim 1 of "wherein the guidance provided to the user is capable of being overridden by the user and wherein the overridden guidelines are dynamically updated with a patient based guideline for the individual patient based on user and the medical record for the individual patient." Applicant respectfully submits that the Office Action provides no support that the cited reference (Campbell, col. 17, lns. 8-22) discloses the claimed feature that the overridden guidelines are dynamically updated with a patient based guideline for the individual patient based on user input patient data and medical record for the individual patient. Nowhere does Campbell disclose that the overridden guidelines are replaced by the individual's personal data and medical record. Rather, Campbell's clicking on a diagnosis to transfer the diagnosis from one list to another list is not equivalent to

replacing the overridden guidelines with the patient's own medical record and data as claimed in the instant application.

In the second cited support passage, Campbell discloses that a doctor can go to another screen to apparently click on another button to modify the treatment protocol. Campbell provides predetermined screens that allow a user to select among list rather than a dynamic interactive processing. The Office Action alleges that the user is able to modify therapy treatment by clicking on a button to go to another screen. Applicant respectfully submits that Campbell does not disclose updating the general guidelines with individual guidelines based on the individual patient's data and medical records. Rather, Campbell simply allows a user to modify the recommended therapy but does not disclose updating the guidelines in the database for the individual patient.

Further, the Office Action admits that Campbell fails to disclose a bi-directional dialect translator capable of translating terms input by an individual user into different but equivalent terms used by support operations and conversely translating the terms used by the support operations into common dialect terms used by the individual user and transmitting these back to the user.

However, the Office Action alleges that Ryan does disclose the above claimed feature and cites to col. 4, lns. 9-50 of Ryan for support. (Office Action, p 6-7.)

Ryan relates to a system for coding data. (Abstract.) Nowhere does Ryan disclose or teach a bi-directional dialect translator that receives the preferred dialect medical terms entered by that practitioner through an input device and translates user's preferred dialect medical terms into the corresponding standard medical term or forms used by support operations and conversely is capable of operating in reverse by reading

standard terms and forms used by support operations and translating the standard medical terms into terms preferred and originally entered by the user and displaying the translated terms to the user.

First, nowhere does Ryan disclose or teach the claimed feature in currently amended claim 1 of “a bi-directional dialect translator for receiving and translating between preferred dialect medical terms ~~displayed to and~~ entered by an individual user and corresponding equivalent but different standard medical terms employed in the support operations, ~~and~~ conversely bi-directionally translating the standard medical terms employed by the support operations into the preferred dialect medical terms ~~displayed~~ originally entered and used by the individual user for display to the user.” The Office Action alleges that Ryan teaches bi-directional translation because the “Ryan teaches that as words are compared in the dictionary, similar words are flagged in the dictionary; therefore giving the user alternatives to the entered word” therefore teaching bidirectional translating the standard medical terms employed by the support operations into the user’s originally entered dialect medical terms. Applicant respectfully disagrees that Ryan teaches bi-directional translation of a user’s common dialect medical terms into common medical terms used by support operations and, conversely translating the common medical terms used by the support operations back into the terms used and originally entered by an individual user.

First, the Office Action cites to col. 4, lines 9-50 of Ryan to support that Ryan discloses “a bi-directional dialect translator for receiving and translating between preferred dialect medical terms ~~displayed to and~~ entered by an individual user and corresponding equivalent but different standard medical terms employed in the support

operations, ~~and~~ conversely bi-directionally translating the standard medical terms employed by the support operations into the preferred dialect medical terms ~~displayed~~ originally entered and used by the individual user for display to the user.” Applicant respectfully submits nowhere in this cited section does Ryan disclose the claimed feature of bi-directionally translating common dialect terms entered by the user into common medical terms and conversely, translating those common medical terms back into the original common dialect terms originally entered by an individual user and displaying this translation. Rather, Ryan discloses in this section that if “a word or phrase does not match up with an entry in the word dictionaries, then a match has not been made, and, typically, an error message is generated at block 21.” (Ryan, col. 4, lns 27-30.) Applicant respectfully submits that sending a common error message back to the author does not equate with claimed feature in claim 1 of the instant Application of “conversely bi-directionally translating the standard medical terms employed by the support operations into the preferred dialect medical terms ~~displayed~~ originally entered and used by the individual user for display to the user.”

Second, Applicant has been unable to find in the Office Action’s cited section of Ryan that “similar words are flagged in the dictionary, therefore giving the user alternatives to the entered word” and transmitted back to the user. Nowhere does Ryan disclose or teach that the translator will operate in reverse and take common, standard or standardized set of terms and translate those terms into the terms originally entered and used by an individual practitioner and display those terms to the practitioner.

Third, Ryan discloses “a program, for execution by a computer, which analyzes input data describing an event, item or operation and produces coded output to represent

the data.” (Ryan, col. 2, lns 19-22.) In Ryan, input text is parsed and output as representative codes and this code text is stored in a database. (Ryan, col. 3, lns 36-46.) Ryan produces code text representing words rather than the claimed feature in the instant application of translating a user’s common dialect terms into standard medical terms or words used by support operations and conversely translating the standard medical terms back into the terms use by the user and displaying this translation to the user. Nowhere does Ryan disclose “a bi-directional dialect translator for receiving and translating between preferred dialect medical terms ~~displayed to and~~ entered by an individual user and corresponding equivalent but different standard medical terms employed in the support operations, and conversely bi-directionally translating the standard medical terms employed by the support operations into the preferred dialect medical terms ~~displayed~~ originally entered and used by the individual user for display to the user.”

For at least the above reasons, Applicant respectfully submit that independent claim 1 is in condition for allowance. Claims 2-9 and 21 which ultimately depend from claim 1 are allowable for at least the same reasons as independent claim 1.

The Office Action has rejected independent claim 11 for the same reasons as independent claim 1 was rejected. Therefore, for at least the same reasons as presented for independent claim 1, independent claim 11 is in condition for allowance. Claims 12-19 and 22 which ultimately depend from claim 11 are allowable for at least the same reasons as independent claim 11.

Applicant respectfully submits that neither Joao, Campbell or Ryan, alone or in combination, disclose or teach the claimed features of currently amended independent claims 1 and 11. Therefore, for at least these reasons, Applicant respectfully submits that

currently amended claims 1 and 11 are in condition for allowance. Moreover, claims 2-9 and 21 which ultimately depend from claim 1 and claims 12-19, and 22 which ultimately depend from claim 11 are allowable for at least the same reasons.

CONCLUSION

In view of the above remarks, Applicant submits that the pending claims 1-9, 11-19 and 21-22 define allowable subject matter and are in condition for allowance. Reconsideration and allowance of claims 1-9, 11-19 and 21-22 is respectfully requested.

If the Examiner has any questions or the Applicant can be of any assistance, the Examiner is invited and encouraged to contact the Applicant at the number below.

The Commissioner is authorized to charge any necessary fees or credit any overpayment to the USPTO Deposit Account GEMS-IT, Account No. 502401.

Respectfully submitted,

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